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EARLY OPERATIONS IN PURULENT PERITONITIS.[1]

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IN operations for purulent peritonitis, the results have been almost uniformly unsatisfactory. Dr. Bantock, in a late discussion, said that in opening the abdomen for these cases, he has been very much disappointed with the results. Possibly, he says, *he operated too late*, but *always* with unsatisfactory results—drainage did not seem to make any difference for *all* the patients died. Such an experience from such an operator, is a most telling argument for the early interference which he has advocated in other abdominal troubles.

No case of *general* puerperal peritonitis will recover without operation. Where there are simple inflammatory signs without localized mischief, which is the focus of the general trouble, recovery will follow general treatment. If there is pus in these cases, the necessity for early operation is as much to be recognized as in any other case or set of cases in abdominal surgery. There is but one treatment for suppurative peritonitis—section, irrigation, and

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drainage. Postponement is more dangerous than the operation, and at the worst only hastens a result which is certain to follow without operation.

In the *Medical Mirror*, May, 1890, is reported a case of general peritonitis, from appendicitis, in which the patient died on the thirty-first day. The results of delay are here too evident, when we take into consideration the numerous cases of appendical trouble, now relieved by prompt operation.

The late Lexington disaster, in which Colonel Goodloo lost his life, by a delay in operating of twenty-four hours, followed by another case in the same city, in which prompt intervention saved the patient, who is now active and well, is also a lesson in cases of this kind.

Further, to illustrate the subject, I introduce the following cases of my own. Other recent illustrations could easily be cited, but these are sufficient:

CASE I.—Mrs. B., aged twenty-eight years. Seen five weeks after labor. High temperature; rapid pulse; rapid progressive emaciation; profound sepsis. Abdominal section revealed, thickened omenteum adherent over entire pelvis; right pyosalpinx and abscess the size of an orange in the ovary; universal adhesions; six inches of ileum cheesy and disorganized to the mucous coat along the line of adhesion on the right side. A knuckle of bowel was opened in enucleating the appendages; it was trimmed and stitched; there was purulent peritonitis, and one pint of pus free in pelvis, from leakage; appendages removed; cavity irrigated and drained; recovery.

CASE II.—Mrs. M., aged twenty-four years, seen twenty one days after labor. Abdominal section showed acute puerperal pyosalpinx on the left side,

and general purulent peritonitis; bowel, omentum, and pelvic organs matted together by friable adhesions; left tube gangrenous; right tube congested, but showed no evidence of pus; only the left tube removed; irrigation and drainage; recovery.

CASE III.—Mrs. W., aged thirty-six; seen twelve days after labor; most profoundly septic. At the section universal friable adhesions were found; both appendages absolutely gangrenous; uterus large and soft, with cheesy walls; removal of both appendages; irrigation and drainage; recovery.

CASE IV.—Mrs. F., aged twenty-three; seen four weeks after labor; removal of both appendages for left pyosalpinx and ovarian cyst; right tube occluded, adherent, and acutely inflamed; adhesions universal; general peritonitis; irrigation and drainage; recovery.

CASE V.—Mrs. S., seen two years after labor. She had puerperal fever and was in bed nine months; since then has been a hopeless invalid, with loss of locomotion, constant agonizing pain, great emaciation, constant nausea and recurring attacks of peritonitis. I removed a left psyosalpinx and ovarian abscess; dense bowel adhesions; omenteum, bladder, and uterus glued together; irrigation and drainage; recovery from the operation and cure.

It should be noted that:

1st. All were cases of true puerperal "fever."

2d. All were saved by section, after well-directed medical treatment.

3d. The operations were undertaken to save life, not to demonstrate ideal surgical procedures.